



Tick the appropriate boxes

☐ **MEMBERSHIP APPLICATION** I wish to apply for membership and participate in the activities of Sydney Christian Bushwalkers Inc.

☐ **MEMBERSHIP RENEWAL** I wish to renew membership and participate in the activities of Sydney Christian Bushwalkers Inc.

MEMBERSHIP TYPE

☐ **FULL MEMBER** \$30 per year

☐ **CONCESSION MEMBER** Full Member who is largely dependent on a Centrelink benefit \$22 per year

☐ **FAMILY MEMBERSHIP** up to 2 Full Members \$45 per year

*Membership fees are payable by bank transfer. **Don't forget to put your name in the description box.***

☐ **I have transferred the membership fee to BSB 633-000 Account 143381457 on/...../.....**

1. I agree to receive quarterly club newsletters and last-minute alerts by email.
2. I agree to abide by the Sydney Christian Bushwalkers Inc. (the 'association') constitution and policies.
3. I understand that by (a) signing this form, and (b) on payment of the fee, and (c) approval of my application by the Committee of Sydney Christian Bushwalkers Inc., I shall become a Member of Sydney Christian Bushwalkers Inc. and therefore allowed to participate in association activities.
4. I understand that under rare circumstances the committee may reject an application and that the applicant concerned will consequently no longer be allowed to participate in association activities. If an applicant is rejected, the membership fee will be refunded within 30 days.
5. I agree with the objects of the association as shown below:
 - To provide opportunities for people of all ages to participate in bushwalking and other outdoor activities such as camping, liloing, canoeing, canyoning, caving, cycling and also social activities
 - To promote fellowship amongst Christian bushwalkers
 - To promote friendship with all bushwalkers
 - To make occasional donations to organisations engaged in Christian ministry, environmental conservation or community support
 - **I HAVE SIGNED THE ANNUAL RISK WAIVER** (on the reverse of this page)

Print Name	Print name
Signature	Signature
Address	
Email	Email
Mobile	Date/...../.....

Sydney Christian Bushwalkers will not pass on your contact details to any third parties.



ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF MEMBERS

New members joining the club are to sign this acknowledgement of risk form and all members are to sign an acknowledgement of risk form at least once a year, at the time of membership renewal.

This acknowledgement of risks applies to all club activities I may undertake as a member of Sydney Christian Bushwalkers (The Club). In voluntarily participating in activities of the Club which are described to me by the activity leaders I am aware that my participation in the activities may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. I also acknowledge that I may encounter weather conditions that could lead to hypothermia and being in locations where evacuation for medical treatment may take hours or days. In particular when participating in abseiling or above the snowline activities I am aware that these activities could expose me to additional hazards and risks described to me by the activity leader.

To minimise risks I will endeavour to ensure that:

1. Each activity is within my capabilities,
2. I am carrying food, water, medication and equipment appropriate for the activity.
3. I will advise the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity.
4. I will make every effort to remain with the rest of the party during the activity
5. I will advise the leader of any concerns I am having, and
6. I will comply with all reasonable instructions of club officers and the activity leader.

I have read and understand the above requirements. I have considered the risks before choosing to sign this acknowledgement of risk. I still wish to join the activities of the Club. I acknowledge that I will take responsibility for my own actions and that signing this form and the payment of my subscription will be deemed as full acceptance and understanding of the above conditions.

Name: _____ Name: _____ [please print names]

Signed: _____ Signed: _____

Date: _____ Date: _____

Read and sign the both sides of this form. Scan or photograph both sides and email to treasurer@scb.org.au

Or see www.scb.org.au for details of the current postal address for application submission

Pay the fees by bank transfer.

PLEASE COMPLETE THE FORM ON THE REVERSE OF THIS PAGE